

the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 158	
County of <u>Gila</u>	District of _____	ORIGINAL CERTIFICATE OF BIRTH	
Town of _____	City of <u>Miami</u>	Co. Registrar's No. 227	
(No. _____ St. _____ Ward)		Local Registrar's No. _____	
FULL NAME OF CHILD <u>Paul Besich</u>		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth _____
Legitimate <u>Yes</u>	Date of Birth <u>April 19</u>	Month	Day
Full Name <u>Nick Besich</u>	FATHER	Full Maiden Name <u>Katie Gurskovich</u>	MOTHER
Residence <u>Miami</u>		Residence <u>Miami</u>	
Color or Race <u>White</u>	Age at last Birthday <u>31</u> Years	Color or Race <u>White</u>	Age at last Birthday <u>38</u> Years
Birthplace <u>Kanawha, West Virginia</u>		Birthplace <u>West Virginia</u>	
Occupation <u>Miner</u>		Occupation <u>Housewife</u>	
Number of child of this Mother <u>6</u>	Number of Children, of this mother, now living <u>6</u>	Were precautions taken against Ophthalmia neonatorum <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>April 19, 1920</u> at <u>10:40 A.M.</u>			
{ *When there is no attending physician or midwife, then the householder should make this return. }		Signature <u>C. J. Doty, M.D.</u>	
Given or Christian name added from a supplemental report _____ 191 _____		Address <u>Miami, Ariz.</u>	
728-419-238		T. H. Slaught	
COUNTY REGISTRAR.		LOCAL REGISTRAR.	
Filed <u>May 5, 1920</u>		Filed <u>May 5, 1920</u>	
A True Copy		COUNTY REGISTRAR.	